## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/18/2011 FORM APPROVED OMB NO. 0938-0391

| NAME OF PROVIDER OR SUPPLIER   STREET ADDRESS, CITY, STATE, ZIP CODE   90689 WYANDOTTE   GRANGER, IN 46530   SARCHER, SARCHER   | STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   |             | (X2) MULTIPLE CONSTRUCTION |  | (X3) DATE SURVEY<br>COMPLETED              |           |
|--|---|--|--|-------------|----------------------------|--|--|-----------|
| INVAME OF PROVIDER OR SUPPLIER  DUNGARVIN INDIANA LLC     (A4) ID   PRESTA   SUMMANY STYRMENT OF PERCISIANCES   PROVIDERS SAFET PRESENT OF THE APPROPRIATE OF THE A |   |  |  | A. BUILDING |                            |  | R  |           |
| DUNGARVIN INDIANA LLC  (A4) ID PREEK   SUMMARY STATEMENT OF DEPICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG   NO. (EACH CORRECTION SHOULD BE CROSS REFERENCE) TO THE APPROPRIATE DEFICIENCY (W 000)   INITIAL COMMENTS   W 000)    (W 000)   INITIAL COMMENTS   This visit was for a post certification revisit (PCR) to the annual recertification and state licensure survey completed 09/09/2011.   Dates of Survey: November 9, and 10, 2011   Provider Number: 15G484   Facility Number: 000998   AliN Number: 100239800   Surveyor: Susan Eakright, Medical Surveyor III/OMRP   Dungarvin Indiana LLC was found to be in compliance with 42 CFR Part 493 Subpart I and 460 IAC 9 in repart of the post-certification revisit (PCR) to the recertification and state licensure survey.   Quality review 11/17/11 by Suzanne Williams, RN   | 15G484  |  |  | B. WING     |                            | · · · · · · · · · · · · · · · · · · ·                          | 11/10/2011                                 |           |
| PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  REFIX TAG  RECULATORY OR LSC IDENTIFYING TAG  REFIX TA |   |  |  |             | 50605 WYANDOTTE            |  |  |           |
| This visit was for a post certification revisit (PCR) to the annual recertification and state licensure survey completed 09/09/2011.  Dates of Survey: November 9, and 10, 2011  Provider Number: 15G484  Facility Number: 000998  AIM Number: 100239800  Surveyor: Susan Eakright, Medical Surveyor III/QMRP  Dungarvin Indiana LLC was found to be in compliance with 42 CFR Part 483 Subpart I and 460 IAC 9 in regard to the post-certification revisit (PCR) to the recertification and state licensure survey.  Quality review 11/17/11 by Suzanne Williams, RN  | PREFIX  | (EACH DEFICIENCY MUST BE PRECEDED BY FULL  |  | PREFIX      |                            | (EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPRO | E ACTION SHOULD BE<br>D TO THE APPROPRIATE |           |
|  |   | INITIAL COMMENTS  This visit was for a propertion to the annual recertificatively completed 09/ Dates of Survey: Now Provider Number: 15 Facility Number: 000 AIM Number: 100238 Surveyor: Susan Eal III/QMRP Dungarvin Indiana LL compliance with 42 Compliance wit | ost certification revisit (PCR) cation and state licensure /09/2011.  vember 9, and 10, 2011  6G484 1998 19800  kright, Medical Surveyor  C was found to be in CFR Part 483 Subpart I and to the post-certification revisit cation and state licensure |             |                            |  |  |           |
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE  | IAROPATORY  | DIRECTOR'S OR PROVINCED  | SHIDDI IER DEDRESENTATIVE'S SIGNATI IDE  |             |                            | TITLE  |  | (X6) DATE |

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.